

Work Order ID 94652

94652

Page 1

December-19-12 1:52:10 PM

Item ID: D3065-5

Revision ID:

Item Name: Step Leg

Start Date: 1/29/13

Required Date: 1/29/13 Req'd Qty: 60.00

Accept

N900040100

Setup S

Start “

NS1

Stop *NS2*

References

Approvals: Process Plan: P Date: 12-21-12 Tooling: _____ Date: _____ Run Start *NR1*
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3065	Rev B	0.00							
100 *100* Waterjet	FLOW WATER JET	0.00				<u>79</u>	<u>86</u>	<u>0</u>	<u>JM1B-5-1</u>
FLOW CNC Waterjet	Memo 1-Cut as per Dwg D Dwg Rev: <u>B</u> Prog Rev: <u>B</u> 2-Deburr if necessary	0.00							
110 *110* QC	QC2- Inspect parts off machine FAI/FAIB	0.00				<u>79</u>	<u>80</u>	<u>0</u>	<u>JM 1-5-13</u>
Quality Control	Memo	0.00							
120 *120* QC	QC8- Inspect parts - second check	0.00	<i>(DAS)</i> <i>15</i> <i>8-89</i>						
Quality Control	Memo	0.00	<i>13.1.8</i>			<u>79</u>	<i>Cloud</i>		

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: Date:

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS														
Part No. _____	Work Order Update	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>
NCR No. _____																			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance			Initial Chief Eng	Action Description			Sign & Date	Verification	QC Inspector						
Doc/Data																			
Equip/Tooling																			
Operator																			
Material																			
Setup																			
Other																			
Process																			
Supplier																			
Training																			
Unapproved																			
FAULT CATEGORY																			
Landing Gear	General				General				General				General						
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>														
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>														
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>														
	Crushed/Crimped. <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>														
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>															
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>															
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>														
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>																
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>																
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>																
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>																

Work Order ID 94652***94652***

Page 2

December-19-12 1:52:10 PM

Item ID: D3065-5

Accept

N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: Step Leg

Start Date: 1/29/13 Start Qty: 60.00

60

Cust Item ID:

Required Date: 1/29/13 Req'd Qty: 60.00

60

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 *130* HandFinish	Chemical Conversion Coat per QSI005 4.1	0.00							19 4 13/01/11
Hand Finishing	Memo	0.00							
140 *140* QC	QC3- Inspect Part Finish	0.00							74 13-1-11 28
Quality Control	Memo	0.00							
150 *150* Packaging	Identify as per dwg & Stock Location <i>6A</i>	0.00							79K 13/01/16
Packaging	Memo	0.00							

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date: 1

QA Closed: _____ Date: _____

Work Order ID 94652

94652

Page 3

December-19-12 1:52:10 PM

Item ID: D3065-5

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Step Leg

Stop

NS2

Start Date: 1/29/13

Start Qty: 60.00

60

Cust Item ID:

Required Date: 1/29/13

Req'd Qty: 60.00

60

Customer:

Reference:

Approvals: Process Plan: _____

Date: _____

Tooling: _____

Date: _____

Run

Start

NR1

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

160

160

QC

Quality Control

QC21- Final Inspection - Work Order Release

0.00

Memo

0.00

13/1/17

ME

13-1-16

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

'Picklist Print

December-19-12 1:52:09 PM

Page 1

Work Order ID: 94652 **Parent Item:** D3065-5 **Parent Item Name:** Step Leg **Start Date:** 1/29/13 **Required Date:** 1/29/13 **Start Qty:** 60.00 **Required Qty:** 60.00

Comments: IPP: C02.11.01 Incorporated D3066-1 IPPKJ/RF
IPP Rev:D Now on Water Jet 06-04-11 JLM
IPP Rev:E Now manufactured with 6061-T6 06-05-25 JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M6061T6S.080 6061-T6 .080 Sheet		Purchased	No			100	sf	375.7686	0.825	52105266 64.0			JMP

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
MAT021	375.768632	
117285	0.248632	
119766	41.32	
120096	168.8	
123279	165.4	123279

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: Date:

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS						
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>					
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>					
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>					
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector	
Doc/Data												
Equip/Tooling												
Operator												
Material												
Setup												
Other												
Process												
Supplier												
Training												
Unapproved												
FAULT CATEGORY												
Landing Gear	General											
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>					Pressure/Forced <input type="checkbox"/>			
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>					Temperature/Cure <input type="checkbox"/>			
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>					Weld <input type="checkbox"/>			
	Crushed/Crimped. <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>					Wrong Stock Pulled <input type="checkbox"/>			
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>								
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>								
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>								
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>	Other <input type="checkbox"/>								
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>									
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>									
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>									

DART AEROSPACE LTD	Work Order:	94652
Description: Step Leg	Part Number:	D3065-5
Inspection Dwg: D3065	Rev: B	Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

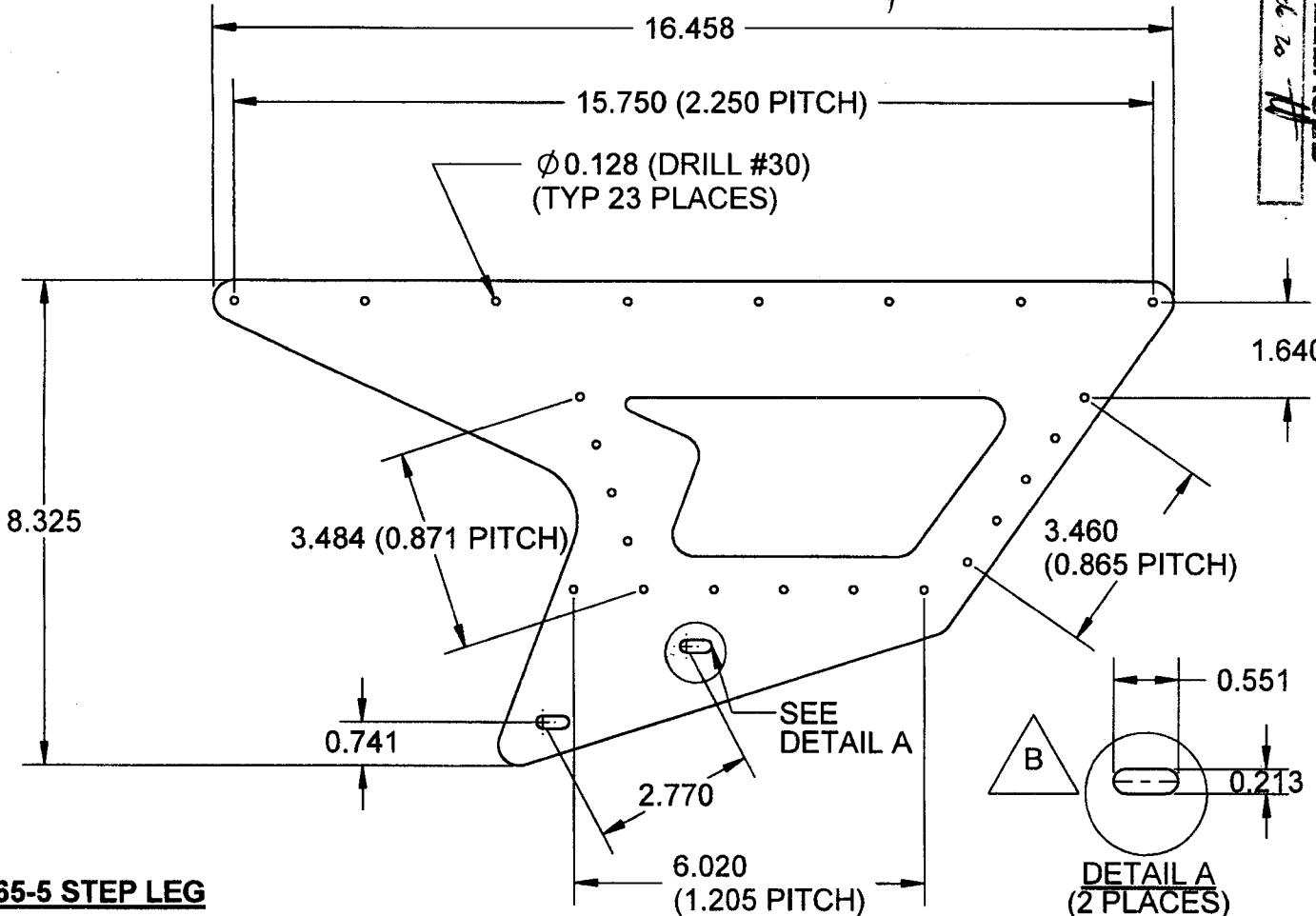
X First Article **Prototype**

Measured by:	Jm	Audited by:	AS 15	Prototype Approval:	N/A
Date:	1-5-13	Date:	13 ⁹ / ⁸ 8	Date:	N/A

Rev	Date	Change	Revised by	Approved
A	03.09.22	New Issue P/O D3065-041	KJ/RF	
B	04.06.15	Added Ø0.128 dimension	KJ/JLM	
C	06.06.23	Dwg Rev. changed	KJ/JLM	gj

Q4652
PL 12-21-12

RELEASER
06.06.2011



COPYRIGHT ©2002 BY DART AEROSPACE LTD.

THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.

DESIGN	DRAWN BY	DART AEROSPACE LTD
	C.B	HAWKESBURY, ONTARIO, CANADA
CHECKED	APPROVED	REV. B
P.H.	M.	DRAWING NO.
		D3065
DATE	06.05.23	TITLE
		STEP LEG ASSEMBLY
		SHEET 4 OF 5
		SCALE 1:3